

Exhibit E

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

3202136004749

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT—FIRST (Given) HECTOR		2 MIDDLE JAVIER	
3 LAST (Family) PUGA		4 DATE OF BIRTH mm/dd/yyyy 01/17/1989	
5 AGE Yrs. 32		6 SEX M	
7 BIRTH STATE/FOREIGN COUNTRY CA		8 SOCIAL SECURITY NUMBER UNK	
9 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		10 MARITAL STATUS/SDOP (at Time of Death) NEVER MARRIED	
11 DATE OF DEATH mm/dd/yyyy 02/17/2021		12 HOUR (24 Hours) 0405	
13 EDUCATION—Highest Level/Degree HS GRADUATE		14 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
15 DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) MEXICAN		16 USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED FORK LIFT DRIVER	
17 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UNK		18 YEARS IN OCCUPATION 1	
19 DECEDENT'S RESIDENCE (Street and number, or locality) 8609 CEDAR STREET		20 CITY BELLFLOWER	
21 COUNTY/PROVINCE LOS ANGELES		22 ZIP CODE 90706	
23 YEARS IN COUNTY 30		24 STATE/FOREIGN COUNTRY CA	
25 INFORMANT'S NAME, RELATIONSHIP ANTONIA SALAS UBALDO, MOTHER		26 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8609 CEDAR STREET, BELLFLOWER, CA 90706	
27 NAME OF SURVIVING SPOUSE/SDOP—FIRST HECTOR		28 MIDDLE JAVIER	
29 LAST (BIRTH NAME) PUGA		30 BIRTH STATE MEXICO	
31 NAME OF FATHER/PARENT—FIRST ANTONIA		32 MIDDLE JAVIER	
33 LAST (BIRTH NAME) SALAS UBALDO		34 BIRTH STATE MEXICO	
35 DISPOSITION DATE mm/dd/yyyy 03/19/2021		36 PLACE OF FINAL DISPOSITION ALL SOULS CATHOLIC CEMETERY	
37 TYPE OF DISPOSITION BU		38 SIGNATURE OF EMBALMER JONATHAN POLK	
39 NAME OF FUNERAL ESTABLISHMENT DESTINY FUNERAL HOME & CREMATORY, INC.		40 LICENSE NUMBER FD2301	
41 SIGNATURE OF LOCAL REGISTRAR MICHAEL A SEQUEIRA, MD		42 DATE mm/dd/yyyy 03/19/2021	
101 PLACE OF DEATH CITY STREET		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> DCA <input type="checkbox"/> OTHER	
103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> LTC <input type="checkbox"/> Other <input checked="" type="checkbox"/> Other		104 CITY HESPERIA	
105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality) PEACH AVE. N/O CATALPA ST.		106 DEATH REPORTED TO CORONER Date and Time 702103493	
107 CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications. If the underlying cause is unknown, DO NOT enter terminal words such as "sudden," "natural," "respiratory arrest," or "cardiac arrest." (See worksheet on back.) (A) GUNSHOT WOUND OF THE BACK		108 DEATH REPORTED TO CORONER Date and Time 702103493	
109 IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) GUNSHOT WOUND OF THE BACK		110 DEATH REPORTED TO CORONER Date and Time 702103493	
111 UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST (A) GUNSHOT WOUND OF THE BACK		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114 IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
115 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: mm/dd/yyyy Decedent Last Seen Alive: mm/dd/yyyy		116 SIGNATURE AND TITLE OF CERTIFIER STEVEN PENNINGTON	
117 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE STEVEN PENNINGTON		118 TYPE NAME, TITLE OF CORONER: DEPUTY CORONER STEVEN PENNINGTON, DEP CORONER	
119 I CERTIFY THAT TO THE BEST OF MY OPINION, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown or Determined		120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121 INJURY DATE mm/dd/yyyy 02/17/2021		122 HOUR (24 Hours) 0348	
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) CITY STREET		124 DESCRIBE HOW INJURY OCCURRED (events which resulted in injury) SHOT DURING LAW ENFORCEMENT ENCOUNTER	
125 LOCATION OF INJURY (Street and number, or locality, and city, and zip) PEACH AVE. N/O CATALPA ST. HESPERIA, CA 92345		126 SIGNATURE OF CORONER / DEPUTY CORONER STEVEN PENNINGTON	
127 DATE mm/dd/yyyy 03/18/2021		128 TYPE NAME, TITLE OF CORONER: DEPUTY CORONER STEVEN PENNINGTON, DEP CORONER	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

APR 06 2021

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PBNC0 (Rev) 08/20

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